

PART B. STATEMENT OF QUALIFICATIONS OF ALIEN				
<p>FOR ADVICE CONCERNING REQUIREMENTS FOR ALIEN EMPLOYMENT CERTIFICATION: If alien is in the U.S., contact nearest office of Immigration and Naturalization Service. If alien is outside U.S., contact nearest U.S. Consulate.</p> <p style="text-align: center;">IMPORTANT: READ ATTACHED INSTRUCTIONS BEFORE COMPLETING THIS FORM.</p> <p>Print legibly in ink or use a typewriter. If you need more space to fully answer any questions on this form, use a separate sheet. Identify each answer with the number of the corresponding question. Sign and date each sheet.</p>				
1. Name of Alien (Family name in capital letters)		First name	Middle name	Maiden name
2. Present Address (No., Street, City or Town, State or Province and ZIP code)			Country	3. Type of Visa (If in U.S.)
4. Alien's Birthdate (Month, Day, Year)	5. Birthplace (City or Town, State or Province)		Country	6. Present Nationality or Citizenship (Country)
7. Address in United States Where Alien Will Reside				
8. Name and Address of Prospective Employer if Alien has job offer in U.S.				9. Occupation in which Alien is Seeking Work
10. "X" the appropriate box below and furnish the information required for the box marked				
a. <input type="checkbox"/> Alien will apply for a visa abroad at the American Consulate in _____		City in Foreign Country		Foreign Country
b. <input type="checkbox"/> Alien is in the United States and will apply for adjustment of status to that of a lawful permanent resident in the office of the Immigration and Naturalization Service at _____		City		State
11. Names and Addresses of Schools, Colleges and Universities Attended (Include trade or vocational training facilities)	Field of Study	FROM Month Year	TO Month Year	Degrees or Certificates Received
SPECIAL QUALIFICATIONS AND SKILLS				
12. Additional Qualifications and Skills Alien Possesses and Proficiency in the use of Tools, Machines or Equipment Which Would Help Establish if Alien Meets Requirements for Occupation in Item 9.				
13. List Licenses (Professional, journeyman, etc.)				
14. List Documents Attached Which are Submitted as Evidence that Alien Possesses the Education, Training, Experience, and Abilities Represented				
Endorsements				DATE REC. DOL
(Make no entry in this section - FOR Government Agency USE ONLY)				O.T. & C.

(Items continued on next page)

15. WORK EXPERIENCE. List all jobs held during the last three (3) years. Also, list any other jobs related to the occupation for which the alien is seeking certification as indicated in item 9.			
a. NAME AND ADDRESS OF EMPLOYER			
NAME OF JOB	DATE STARTED Month Year	DATE LEFT Month Year	KIND OF BUSINESS
DESCRIBE IN DETAIL THE DUTIES PERFORMED, INCLUDING THE USE OF TOOLS, MACHINES OR EQUIPMENT			NO. OF HOURS PER WEEK
b. NAME AND ADDRESS OF EMPLOYER			
NAME OF JOB	DATE STARTED Month Year	DATE LEFT Month Year	KIND OF BUSINESS
DESCRIBE IN DETAIL THE DUTIES PERFORMED, INCLUDING THE USE OF TOOLS, MACHINES OR EQUIPMENT			NO. OF HOURS PER WEEK
c. NAME AND ADDRESS OF EMPLOYER			
NAME OF JOB	DATE STARTED Month Year	DATE LEFT Month Year	KIND OF BUSINESS
DESCRIBE IN DETAIL THE DUTIES PERFORMED, INCLUDING THE USE OF TOOLS, MACHINES OR EQUIPMENT			NO. OF HOURS PER WEEK

16. DECLARATIONS

DECLARATION OF ALIEN		Pursuant to 28 U.S.C. 1746, I declare under penalty of perjury the foregoing is true and correct.
SIGNATURE OF ALIEN		DATE
AUTHORIZATION OF AGENT OF ALIEN		I hereby designate the agent below to represent me for the purposes of labor certification and I take full responsibility for accuracy of any representations made by my agent.
SIGNATURE OF ALIEN		DATE
NAME OF AGENT (Type or print)	ADDRESS OF AGENT (No., Street, City, State, ZIP code)	

15. WORK EXPERIENCE. List all jobs held during the last three (3) years. Also, list any other jobs related to the occupation for which the alien is seeking certification as indicated in item 9.			
d. NAME AND ADDRESS OF EMPLOYER			
NAME OF JOB	DATE STARTED Month Year	DATE LEFT Month Year	KIND OF BUSINESS
DESCRIBE IN DETAIL THE DUTIES PERFORMED, INCLUDING THE USE OF TOOLS, MACHINES OR EQUIPMENT			NO. OF HOURS PER WEEK
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NAME OF JOB	DATE STARTED Month Year	DATE LEFT Month Year	KIND OF BUSINESS
DESCRIBE IN DETAIL THE DUTIES PERFORMED, INCLUDING THE USE OF TOOLS, MACHINES OR EQUIPMENT			NO. OF HOURS PER WEEK
f. NAME AND ADDRESS OF EMPLOYER			
NAME OF JOB	DATE STARTED Month Year	DATE LEFT Month Year	KIND OF BUSINESS
DESCRIBE IN DETAIL THE DUTIES PERFORMED, INCLUDING THE USE OF TOOLS, MACHINES OR EQUIPMENT			NO. OF HOURS PER WEEK

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